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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 |  |  |                               | Docket Number (Optional)<br>532512000401 |   |  |
|--|--|--|-------------------------------|--|---|--|
| (Fee   | s pursuant to the  | Consolidated Appropriations Act,   | 2005 (H.R. 4818).)            |  |   |  |
| Application Number 10/620,725                                |  |  |                               | Filed Ju                                 | ly 15, 2003                                   |  |
| For  | LIGAND-TARC  | SETED EMULSIONS CARRYII  | NG BIOACTIVE AG               | ENTS                                     |   |  |
| Art Un   | it 1615  |  |                               | Examiner                                 | G. Kishore                                    |  |
| identif  | ied application.   | er the provisions of 37 CFR 1.1  |                               |  |   |  |
| The re   | equested extens  | ion and fee are as follows (che  |                               |  | opnate lee below).                            |  |
|  | X One mon  | th (37 CFR 1.17(a)(1))   | <u>Fee</u><br>\$120           | Small Entity Fee<br>\$60                 | \$ 60.00                                      |  |
|  | =  | ths (37 CFR 1.17(a)(2))  | \$450                         | \$225                                    | \$  |  |
|  | 물  | onths (37 CFR 1.17(a)(3))  | \$1020                        | \$510                                    | \$  |  |
|  |  | oths (37 CFR 1.17(a)(4))   | \$1590                        | \$795                                    | \$  |  |
|  | Five mon   | ths (37 CFR 1.17(a)(5))  | \$2160                        | \$1080                                   | \$  |  |
| x  | A check in the<br>Payment by cr<br>The Director h<br>The Director is<br>Deposit Accoun | A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  Observed Account N |                               |  |   |  |
| Ιa   | m the  | applicant/inventor.  |                               |  |   |  |
|  | ×  | assignee of record of the enti<br>Statement under 37 CFR<br>attorney or agent of record. F   | 3.73(b) is enclosed           | . (Form PTO/SB/96).                      | <u>, , , , , , , , , , , , , , , , , , , </u> |  |
|  |  | attorney or agent under 37 Cl<br>Registration number if acting u   |                               |  |   |  |
|  | Cite & Mursen  |  |                               | November 30, 2005                        |   |  |
|  | Signature  |  |                               | Date                                     |   |  |
| Kate H. Murashige  |  |  | (858) 720-5112                |  |   |  |
| Typed or printed name  |  |  |                               | Telephone Number                         |   |  |
| NO<br>tha  | TE: Signatures of all none signature is req  | the inventors or assignees of record of the<br>uired, see below.   | entire interest or their repr | esentative(s) are required. Sul          | omit multiple forms if more                   |  |
| X  | Total of   | 1 forms are subm   | itted.                        |  |   |  |

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